

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY

114.3 CMR 44.00: FREESTANDING DIAGNOSTIC FACILITIES

Section

- 44.01: General Provisions
- 44.02: Definitions
- 44.03: Rate Provisions and Maximum Allowable Costs
- 44.04: Reporting Requirements
- 44.05: Severability of the Provisions of 114.3 CMR 44.00

44.01: General Provisions

(1) Scope, Purpose and Effective Date. 114.3 CMR 44.00 shall govern the determination of rates and the rates of payment to be used by all governmental units in making payment to eligible freestanding diagnostic facilities for services provided to publicly-aided individuals. Rates for purchases under the Workers Compensation Act, M.G.L.c.152, are set forth in 114.3 CMR 40.03(2)(aa). Regulation 114.3 CMR 44.00 does not cover rates for professional medical services which are billed by a physician separately from the health care facility and who receives no other compensation for medical services rendered. Freestanding facility does not include a hospital-based facility. 114.3 CMR 44.00 shall be effective November 2, 1996.

- (2) Disclaimer of Authorization of Services. 114.3 CMR 44.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 114.3 CMR 44.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care and services extended to publicly-aided clients.

- (3) Authority. 114.3 CMR 44.00 is adopted pursuant to M.G.L.c.118G.

44.02: Definitions

In addition to the general definitions contained in 114.3 CMR 2.00, terms used in 114.3 CMR 44.00 shall have the meaning ascribed in 114.3 CMR 44.02.

Computerized Axial Tomography. The procedure in which computer-generated tomograph images are obtained and assembled to provide a three-dimensional view of a tissue layer.

Diagnostic Imaging Services. Imaging services whose purpose is to identify an illness or injury.

Eligible Provider. A licensed freestanding diagnostic imaging facility which meets the conditions of participation that have been or may be adopted by a governmental unit or by a purchaser under the Worker's Compensation Act.

Global Fee. Rate of payment for a freestanding diagnostic facility's cost of doing business including physician's services, rent, equipment, utilities, supplies, administrative and technical salaries and benefits and other overhead expenses.

Governmental Unit. The Commonwealth of Massachusetts, or any of its departments, agencies, boards, commissions or political subdivisions.

Individual Consideration (I.C.). Freestanding facility services which are authorized but not listed herein, services which are performed in unusual circumstances and services whose fees are designated by the letters "I.C." are individually considered items. The purchasing governmental unit or purchaser shall analyze the physician's and facility's report which shall contain a diagnosis, a pertinent medical history, a description of the services rendered and the length of time spent with the patient. Determination of appropriate payments for individually considered services shall consider the following standards and criteria:

- (a) Time required to provide the service;
- (b) Degree of skills required for the services rendered;
- (c) Severity and complexity of the patient's disease, disorder or disability;
- (d) Policies, procedures and practices of other third party purchasers, governmental and private;
- (e) Applicable relative value studies;

Magnetic Resonance Imaging (MRI). The medical application of nuclear magnetic resonance. The MRI device provides images of the internal structure of the head or body that correspond to the distribution of hydrogen nuclei (protons) exhibiting nuclear magnetic resonance. The images depend upon nuclear magnetic resonance parameters (spin-lattice relaxation time, spin-spin relaxation time, proton density and flow rate), which when interpreted by a trained physician can yield useful information in the determination of diagnosis.

Professional Component. Rate of payment for a physician's services in interpreting a diagnostic image. Professional component for eligible physician's services provided to publicly-aided individuals are determined under 114.3 CMR 16.00, 114.3 CMR 17.00 and 114.3 CMR 18.00. Professional component for physician's services provided to industrial accident patients are determined under 114.3 CMR 40.00. A professional component can be billed only if a technical component is billed by the free-standing facility.

Publicly-Aided Individual. A person for whose medical and other services a governmental unit is in the whole or in part liable under a statutory program.

Technical Component. Rate of payment for a freestanding diagnostic facility's cost of rent, equipment, utilities, supplies, administrative and technical salaries and benefits, and other overhead expenses. The technical component does not include payment for physician's services in interpreting a diagnostic image.

44.03: Rate Provisions and Maximum Allowable Costs

(1) Effect of Regulation. The rates of payment under 114.3 CMR 44.00 shall constitute full compensation for freestanding diagnostic services provided by eligible providers to publicly-aided individuals as well as necessary administration and professional supervision associated with patient care.

(2) Rates of Payment. Rates of payment for authorized freestanding diagnostic facility services to which 114.3 CMR 44.00 applies shall be the lower of:

- (a) the eligible provider's usual charge to the general public; or
- (b) the schedule of allowable rates set forth in 114.3 CMR 44.03(3).

(3) Allowable Rates

(a) Magnetic Resonance Imaging Facility

1. Global Fees:

<u>Code</u>	<u>Rate</u>	<u>Procedure Description</u>
70336	\$413.36	Magnetic resonance (eg, proton) imaging, temporomandibular joint
70540	\$439.34	Magnetic resonance (eg, proton) imaging, orbit, face, and neck
70541	I.C.	Magnetic resonance angiography, head and/or neck, with or without contrast material(s)
70551	\$439.34	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
70552	\$527.16	with contrast material(s)
70553	\$643.57	without contrast material, followed by contrast material(s) and further sequences
71550	\$445.51	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy)
71555	I.C.	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)
72141	\$445.51	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
72142	\$534.37	with contrast material(s)

72146	\$486.51	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	
72147	\$534.37	with contrast material(s)	
72148	\$480.34	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	
72149	\$527.16	with contrast material(s)	
72156	\$653.60	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences;cervical	
72157	\$653.60	thoracic	
72158	\$643.57	lumbar	
72159	I.C.	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	
72196	\$445.51	Magnetic resonance (eg,proton) imaging,pelvis	
72198	I.C.	Magnetic resonance angiography, pelvis, with or without contrast material(s)	
73220	\$439.34	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint	
73221	\$413.36	Magnetic resonance (eg,proton) imaging, any joint of upper extremity	
73225	I.C.	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	
73720	\$439.34	Magnetic resonance (eg,proton) imaging, lower extremity, other than joint	
73721	\$413.36	Magnetic resonance (eg, proton) imaging,any joint of lower extremity	
73725	I.C.	Magnetic resonance angiography, lower extremity, with or without contrast	

		material(s)	
74181	\$445.51	Magnetic resonance (eg,proton) imaging, abdomen	
74185	I.C.	Magnetic resonance angiography, abdomen, with or without contrast material(s)	
75552	\$445.51	Cardiac magnetic resonance imaging for morphology; without contrast material	
75553	\$458.79	with contrast material	
75554	\$453.16	Cardiac magnetic resonance imaging for function, with or without morphology; complete study (eg,multiple chambers)	
75555	\$450.18	limited study (eg, single chamber)	
75556	I.C.	Cardiac magnetic resonance imaging for velocity flow mapping	
76093	\$526.68	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	
76094	\$687.66	bilateral	
76400	\$446.68	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	
A4647200.00		Gadolinium-DTPA image enhancing contrast agent used in addition to MRI	

2. Technical Component Fees: To obtain the proper fee for MRI Technical Component, multiply the Global Fee for the applicable procedure times the TC factor of 83%. This mechanism is not applicable to the Gadolinium-DTPA contrast agent fee.

(b) Computerized Axial Tomography - Technical Component Fees Only

<u>Code</u>	<u>Rate</u>	<u>Procedure Description</u>
-------------	-------------	------------------------------

- * \$ 87.00 Computerized Axial Tomography - head
- * 98.00 Computerized Axial Tomography - body scan
(body or body and head)
- * 16.00 Contrast medium used in addition to CAT scan

Rates for professional services rendered by a physician for interpreting CAT scans are governed by 114.3 CMR 18.00.

(c) Not Otherwise Classified. Rates for facility services not otherwise listed herein shall be determined by the purchaser under individual consideration (I.C.).

44.04: Reporting Requirements

(1) Required Reports. Upon request of the Division, each provider, within 90 days following the end of its fiscal year, shall forward to the Division a complete and accurate cost report (FDSF-1) and certified financial statements. The provider shall also make available within 30 days all records and books relating to said operations, including such data, statistics, and records as the Division may from time to time request.

(2) Extension of Filing Date. The Division may grant an extension of time for the submission of cost reports or other information, data or statistics upon written request from the provider demonstrating that good cause exists for such an extension.

(3) Failure to File Timely Reports. Failure to submit accurate information within the time required by 114.3 CMR 44.04(1) and (2) or to submit within the stated time other acceptable data and statistics requested by the Division, may result in the delay, reduction or elimination of the provider's rates, as well as application of other sanctions provided by law.

44.05: Severability of the Provisions of 114.3 CMR 44.00

The provisions of 114.3 CMR 44.00 are severable, and if any provision of 114.3 CMR 44.00 or application of such provision to any freestanding diagnostic facility or any circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to

affect the validity or constitutionality of any remaining provisions of 114.3 CMR 44.00, or application of such provisions to freestanding diagnostic facilities or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 44.00: M.G.L.c.118G